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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/646,527
Filing Date	August 22, 2003
First Named Inventor	Kenneth COLLINS
Art Unit	1733
Examiner Name	Unknown
Attorney Docket Number	006915 P07

Total Number of Pages in This Submission

12

ENCLOSURES (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert M. Wallace	Reg. No. 29,119
Signature	<i>Robert M. Wallace</i>	
Date	09/29/2004	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Shelly Hart		
Signature	<i>Shelly Hart</i>	Date	09/29/04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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09-29-04 Shelly
Date Name

PATENT

Attorney Docket No.: 006915 P07

RW Ref. No.: APM/001-02-CP1-7



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Kenneth COLLINS, et al.

Serial No.: 10/646,527

Examiner: Unknown

Filed: August 22, 2003

Group Art Unit: 1733

For: PLASMA IMMERSION ION IMPLANTATION SYSTEM INCLUDING
A PLASMA SOURCE HAVING LOW DISSOCIATION AND LOW MINIMUM
PLASMA VOLTAGE

PRELIMINARY AMENDMENT TRANSMITTAL

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

S I R :

Transmitted herewith is a Preliminary Amendment in the above-identified application. The fee has been calculated as shown below.

	Claims remain- ing after amendment	Highest number previously paid for	Present extra	Rate	Additional Fee
Total Claims	23 minus	23 =	0	x \$18	\$000.00
Independent	2 minus	3 =	0	x \$86	\$000.00
If Multiple Dependent Claims Are Present, Add \$290.00					
(If applicant is a "small entity," subtract half of total)					\$000.00

Total additional fee
for this amendment \$000.00

☒ [X] No additional fee is required.

☐ [] A check in the amount of \$ is attached.

☒ [X] The Commissioner is hereby authorized to charge any additional fees or deficiencies or credit overpayment to Deposit Account No. 50-0338.

Respectfully submitted,

Dated: 09/29/2004



Robert M. Wallace
Reg. No. 29,119
Customer No. 000044843
Attorney for Applicants

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(805) 644-4035

CERTIFICATE OF MAILING

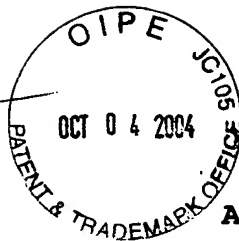
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for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on September 29, 2004 (Date of Deposit)

Date

Name



PATENT

Attorney Docket No. 006915 P07

RW Ref. No.: APM/001-02-CP1-7

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: :
Kenneth COLLINS, et al. :
: Group Art Unit: 1733
Entitled: PLASMA IMMERSION ION :
IMPLANTATION SYSTEM INCLUDING A :
PLASMA SOURCE HAVING LOW :
DISSOCIATION AND LOW MINIMUM PLASMA :
VOLTAGE :
: Examiner: Unknown
Serial No.: 10/646,527 :
Filing Date: August 22, 2003 :

PRELIMINARY AMENDMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Prior to taking action in this case, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 9 of this paper.